

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2015
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of Complaint Investigation by Frank Strickland on 04/22/2015:</p> <p>Information obtained from the DHSR database indicates that this facility was first licensed on 12/16/1996. However, records indicate that the middle section of the facility was first occupied in 1968 (confirmed by an old property tax document dated 09/07/1988), the north wing was occupied in 1971 and the south wing in 1981. Based on this information, we are requiring the (Old Building) to meet the 1967 NC State Building Code requirements for Institutional Occupancy, the 1971 & 77 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, (New Building) to meet the 1978 NC Building Code requirements for Institutional Occupancy. Special Magnetic locking was installed on the Back Hall sometimes after 1996 so that portion of the facility has to comply with Section 1012.6 of the 1996 NC State Building Code.</p> <p>Complaint Items:</p> <p>1-The odor complaint could not be substantiated.</p> <p>2-The Laundry Room window was being supported in the open position by a balled up cotton towel because the window bottom sash was damaged. This item is a deficiency and requires a Plan of Correction.</p>	C 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE